

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000049230

**FILED**  
**Oct 27, 2004**  
**Secretary of State**

**Entity Name:** EMERALD PAYMENT SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

10859 EMERALD COAST PKWY #4-316  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

10859 EMERALD COAST PKWY #4-316  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 32-0098871      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARMEN, ABI  
10859 EMERALD COAST PKWY #4-316  
DESTIN, FL 32550    US

**Name and Address of New Registered Agent:**

CARMEN, ABI MGR  
10859 EMERALD COAST PKWY #4-316  
DESTIN, FL 32550    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ABI CARMEN

10/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: KAHN, JAMES M  
Address: 10859 EMERALD COAST PKWY #4-316  
City-St-Zip: DESTIN, FL 32550

Title: MGR      ( ) Delete  
Name: CARMEN, ABI  
Address: 10859 EMERALD COAST PKWY #4-316  
City-St-Zip: DESTIN, FL 32550

Title: MGRM      ( ) Delete  
Name: WOLFF, WILLIAM  
Address: 437 MADISON AV  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ABI CARMEN

MGR

10/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date